

2007 SPECIAL TRANSPORTATION REGISTRY



Date of Survey Response: _____

Do you need assistance with transportation to evacuate? ☐ Yes ☐ No

First Name: _____

Last Name: _____

Street Address: _____

City: _____

Zip Code: _____

Phone Number: (____) _____

Gender: ☐ Female ☐ Male

In case of emergency contact

First Name: _____

Last Name: _____

Relationship: _____

Phone Number: (____) _____

1. If others are evacuating with you, how many others? _____

2. Do you have a pet? ☐ Yes ☐ No

If yes, how many? _____

Do you have carriers for every pet? ☐ Yes ☐ No

If yes, how many? _____

3. Do you have medical special needs? ☐ Yes ☐ No

(One who needs assistance during evacuation and sheltering because of physical or mental handicaps, OR one who requires a level of care and resources beyond the basic first aid level of care that is available in shelters for the general population.)

4. Do you or anyone evacuating with you use oxygen? ☐ Yes ☐ No

If you have medical special needs, what category best describes your needs?

Level 1 ☐ A person dependent on others or in need of others for routine care (eating, walking, toileting, etc.). A child under 18 without adult supervision, etc.

Level 2 ☐ A person who is blind, hearing impaired, deaf/blind, or has an amputation.

☐ Do you use a service animal? ☐ Yes ☐ No

Level 3 ☐ A person needing assistance with medical care administration, monitoring by a nurse, dependent on equipment, assistance with medications, mental health disorders.

Level 4 ☐ A person outside an institutional facility care setting who require extensive medical oversight (i.e., IV chemotherapy, ventilator, peritoneal dialysis, hemodialysis, life support equipment, hospital bed and total care, or is morbidly obese)

5. If you selected Level 3 or 4:

Do you use a wheelchair/electric wheelchair? ☐ Yes ☐ No

Are you confined to a bed? ☐ Yes ☐ No

Do you require power for medical equipment? ☐ Yes ☐ No

Return to: Houston Office of Emergency Management
5320 N. Shepherd Drive
Houston, Texas 77091